

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

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Madison, WI 53703  
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Website: <http://drl.wi.gov>

## INFORMATION FOR COMPLETING REGISTERED NURSE ENDORSEMENT APPLICATION

**Have you ever been licensed in Wisconsin as a Registered Nurse?** If yes, **do not** complete this application. For instructions on reinstating your Wisconsin license call the Renewal Office at (608) 266-0627. If your RN license has been expired for 5 or more years you will need to submit a re-registration application.

## REQUIREMENTS FOR ENDORSEMENT CANDIDATES

An applicant is eligible for licensure ***BY ENDORSEMENT*** if the applicant has graduated from a board-approved school of professional nursing; has passed NCLEX or a state board test pool examination for registered nurses; holds a current R.N. license in another State or U.S. Territory on which no disciplinary action has been taken; has not been terminated from employment related to nursing for reasons of negligence or incompetence; and does not have an arrest or conviction record subject to the Fair Employment Act. (*See attached Convictions and Pending Charges Form #2252.*)

## INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. **Application (Form #772):** Complete the enclosed application and attach the appropriate fee. Make check payable to "Department of Regulation & Licensing". Mail to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. *See page 2 of Form #772 for other required documents.*
2. **Statement of Graduation (Form #259)** ("Board-approved school" U.S. or U.S. territory): Complete and forward to your board-approved school of nursing. *This form must be returned directly* from your school to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. ***Forms received from the applicant will be rejected by the board. Official transcripts are not required as transcripts do not contain the information we require.*** If the school you graduated from is closed, contact the Department of Public Instruction in the state where you graduated to determine where the records for the closed school were transferred.
3. **Verification of Licensure:** We require verification of your RN license from every state you have ever held a license in whether active or inactive.
  - To obtain verification from another state board, you **must first** view the NURSUS web site at ([www.nursys.com](http://www.nursys.com)) to see if your verification can be processed through NURSUS. Please follow their instructions for online processing.
  - If the state in which you *currently have or ever held* a license as a registered nurse **is not** one of the participating states which uses the NURSUS program, complete the enclosed form #741 (this form may be copied). You must first contact each state board prior to forwarding this form to see if a fee is required for this service. This completed form must be returned directly from the other state board to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. ***Verifications received from the applicant will be rejected by the Board.***
4. **Temporary Permit (Form #2433) (optional):** In addition to the completed application (Form #772) and application fee an additional \$10.00 temporary fee is required. Complete the top portion (Form #2433) and return to the board with fee.

An applicant for R.N. licensure who holds a current license in another state, or U.S. Territory, may be eligible for a temporary permit upon submission of a completed application, supporting documents, credential fee, temporary fee, proof of graduation from a board-approved school of professional nursing (Form #259), and a copy of their current RN license. A registered nurse licensed in another state who holds a valid Wisconsin temporary permit may use the title "Registered Nurse" or "R.N." and function without limitations. A temporary permit is good for a period of 90 days and is non-renewable and non-refundable.

***You may not practice as a Registered Nurse in Wisconsin unless you have either a permanent license or a temporary permit.***

# Wisconsin Department of Regulation & Licensing

## **FOREIGN GRADUATES** *(including Canada)*

**Statement of Foreign Nursing Education (Form #1006):** Complete and forward to your board-approved school of nursing. *The school must return Form #1006 directly* to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. NOTE: Certified copies of original CGFNS documents of graduation are acceptable in lieu of Form #1006.

**Forms received from the applicant will be rejected by the board.**

**COMMISSION ON GRADUATES OF FOREIGN NURSING SCHOOLS (CGFNS):** Contact them at 3600 Market St., Suite 400, Philadelphia, PA 19104-2651 USA or call (215) 439-8767 to request a valid certificate *be sent directly* to the Board of Nursing, P.O. Box 8935, Madison, WI 53708-8935.

**Reports or certificates received from the applicant will be rejected by the Board.**

**Exemption from CGFNS:** If you are a graduate of an English speaking school in Canada you are exempt from CGFNS. Also, you may be exempt from the CGFNS if you have been licensed and practicing full-time for 2 consecutive years within the last 5 years in a U.S. state that does not require CGFNS. Submit a letter from your employer verifying your work history/experience.

## **AMERICANS WITH DISABILITIES ACT**

The department complies with the Americans With Disabilities Act of 1990. The department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

## **REQUESTS FOR EXAMINATION MODIFICATIONS FOR PERSONS WITH DISABILITIES**

**Candidates must indicate at the time of application to the department that modifications are being requested.** Requests must include a specific description by the candidate of requested modifications, a letter of diagnosis of specific disability from a qualified professional, and a letter from the nursing education program indicating what modifications were granted by the program. Request forms are available at (608) 266-2852 or TTY at (608) 267-2416.

## **MAILING ADDRESS AND CHANGE OF ADDRESS**

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

## **MAILING INSTRUCTIONS**

Mail the application, the appropriate fee, and supporting documentation to the following address:

DEPARTMENT OF REGULATION & LICENSING  
BOARD OF NURSING  
PO BOX 8935  
MADISON WI 53708-8935